U'S Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

L. WINSON	
1 File Number U 9985	2 Fiscal Year Covered From
.,,	1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name Roger W Fewkes	Name Sheet Metal Workers Local 206
	Labor Organization File Number 026-049
PO Box Bidg Room No if any #8	P O Box Building and Room Number if any
Street 12506 Royal Rd	Street 4594 Mission Gorge Pl
City El Cajon	City San Diego
State California ZIP Code + 4 92021	State Californii ZIP Code + 4 92120
5 Position in labor organization Business Representative	
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any)  Name  Trade Name if any	7 a Nature of Interest, Transaction or Income
PO Box Bldg Room No if any	7 b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Thousand Fewher	On 4-7-100 (619) 561-3429  Date Telephone Number

Name Person Filing Roger Fewkes	File Number U	
B Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8. Name and address of Business (including trade name if any)  Name Sheet Metal JATC of San Diego  Trade Name if any  P O Box Bldg Room No if any  Street 4596 Mission Gorge Pl  City San Diego  State California ZiP Code + 4 92021	9 Business deals with  a Labor Organization  b Trust  c Employer	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Sheet Metal JATC of San Diego  Trade Name if any  PO Box, Bldg Room No. if any	Trustee and Judge at Regional Apprenticeship contest	
Street 4596 Mission Gorge Pl	11 b. Approximate dollar value of such dealing. \$322	
City San Diego  State California ZIP Code + 4 92021	12 a Nature of interest held or income received	
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	
Name Trade Name if any		
P O Box Bldg Room No if any Street City		
State ZIP Code + 4		
13 b 1s the Business an Employer or Consultant ?	14 b Amount of payment.	